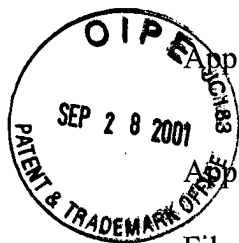


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Jian-Bing Fan, Joel N. Hirschhorn, Xiaohua Huang, Paul Kaplan,
Eric S. Lander, David J. Lockhart, Thomas Ryder, and Pamela Sklar

Application No.: 09/536,841 Group Art Unit: 1655

Filed: March 27, 2000 Examiner: Wilder, C.

Title: UNIVERSAL ARRAYS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>9-24-01</u>	<u>Denise Caredio</u>
Date	Signature
<u>Denise Caredio</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL 39	MINUS * 40	0
INDEP 5	MINUS ** 6	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$40	\$
+ \$135	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$80	\$
+ \$270	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three (3) months Extension of Time	\$	<u>890.00</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Second Supplemental Information Disclosure Statement	\$	<u>180.00</u>
	_____	\$	_____
	TOTAL:	\$	<u>1070</u>

[X] A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
Lisa M. Treannie
Registration No.: 41,368
Telephone: (781) 861-6240
Facsimile: (781) 861-9540

Lexington, Massachusetts 02421-4799

Dated:

9/24/01